

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2017  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>085056</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>02/17/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3322 SILVERSIDE ROAD</b><br><b>WILMINGTON, DE 19810</b>                      |                            |  |
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| F 000  | <p><b>INITIAL COMMENTS</b></p> <p>An unannounced complaint survey was conducted at this facility from February 10, 2017 through February 17, 2017. The deficiencies contained in this report are based on observations, interviews, review of resident's clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 123. The sample size was four (4).</p> <p>Abbreviations used in this report are as follows:</p> <p>NHA - Nursing Home Administrator;<br/>DON- Director of Nursing;<br/>ADON- Assistant Director of Nursing;<br/>LPN- Licensed Practical Nurse;<br/>CNA- Certified Nurse's Aide;<br/>MDS Minimum Data Set (standardized resident assessment forms used in nursing homes);<br/>ADL - Activities of Daily Living (such as bathing, dressing, grooming, eating, brushing teeth);<br/>cognitive thinking-use of mental activities and skills to perform tasks such as learning, reasoning, understanding, remembering, paying attention;<br/>r/t - related to;<br/>hemiplegia - paralysis of one side of the body;<br/>anxiety - a feeling of nervousness or unease, typically about an imminent event or something with uncertain outcome;<br/>sponge bath- keep clean without running water;<br/>depression-mood disorder that causes feeling of sadness and loss of interest;<br/>CNA - Certified Nursing Assistant/Aide;<br/>ADL- Activities of Daily Living;<br/>SS - Social Service;<br/>SW - Social Worker;</p> | F 000  |  |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/13/2017

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 000  | Continued From page 1<br>CVA- cardiovascular accident -stroke;<br>matted hair-covered with a dense growth or a<br>tangled mass of dirt;entangled in a thick mass of<br>dirt.   | F 000  |  |  |  |
| F 280<br>SS=D  | 483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO<br>PARTICIPATE PLANNING CARE-REVISE CP<br><br>483.10<br>(c)(2) The right to participate in the development<br>and implementation of his or her person-centered<br>plan of care, including but not limited to:<br><br>(i) The right to participate in the planning process,<br>including the right to identify individuals or roles to<br>be included in the planning process, the right to<br>request meetings and the right to request<br>revisions to the person-centered plan of care.<br><br>(ii) The right to participate in establishing the<br>expected goals and outcomes of care, the type,<br>amount, frequency, and duration of care, and any<br>other factors related to the effectiveness of the<br>plan of care.<br><br>(iv) The right to receive the services and/or items<br>included in the plan of care.<br><br>(v) The right to see the care plan, including the<br>right to sign after significant changes to the plan<br>of care.<br><br>(c)(3) The facility shall inform the resident of the<br>right to participate in his or her treatment and<br>shall support the resident in this right. The<br>planning process must--<br><br>(i) Facilitate the inclusion of the resident and/or<br>resident representative. | F 280  |  |  | 5/15/17  |

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| F 280  | <p>Continued From page 2</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.</p> <p>483.21<br/>(b) Comprehensive Care Plans</p> <p>(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs</p> | F 280  |  |  |  |

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| F 280  | <p>Continued From page 3<br/>or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br/>This REQUIREMENT is not met as evidenced by:<br/>Cross refer to F312<br/>Based on record review and interview, it was determined that the facility failed to ensure that the care plan for one (R2) out of 4 sampled residents, was revised by a team of qualified persons after each assessment as related to her behavioral symptoms of shower and hair wash/hair care refusal. Findings include:<br/><br/>Review of R2's clinical record revealed:<br/><br/>1/30/17 -The facility revised the individual care plans for R2's Behavior Symptoms of refusal of care that addressed refusing vital signs, blood pressures, skin checks, molded custom splint, lab draws, dental exams, medications, prefers to stay in bed, will not identify need for bowel movement, no interest in regaining continency, and non compliance with her diet. The behavior problem of, refusal of showers and hair wash/hair care was addressed in these care plans.<br/><br/>Additionally, review of R2's care plan revised on 1/30/17, entitled, "Refusal of care: Resident refusing skin checks as per prescribed order", included the approach, "SS consult as needed to identify reason for refusals". Review of the Social Worker's progress notes from 1/29/16 through 2/2/17 failed to show consultation notes to indicate that the care plan approach was implemented, since there were no Social Service</p> | F 280  | <p>F280</p> <ol style="list-style-type: none"> <li>1. R2 continued to refuse her hair to be washed during survey. Social Services notified her legal guardian who came to the facility to discuss this with R2. R2 still refuses her hair to be washed. Facility will continue to offer showers and hairwashing and will include Social Services, guardian, MD, and/or Omsbudsman support as appropriate.</li> <li>2. All residents have the potential to be affected by this deficient practice. Future residents will be protected by the corrective actions taken below in #3.</li> <li>3. Long term care residents who refuse care 3 or more times in one month will be care planed for the specific refusal. Facility Resident Advocate/designee will track C.N.A. documentation monthly to identify residents who have refused care 3 or more times. All residents with chronic refusal behaviors will be referred to Social Services to try and determine the underlying cause, notify POA, MD and or Omsbudsman, as indicated and recommend alternative approaches as appropriate. Staff Educator/designee to educate nursing staff on care planning specific and exact refusal behaviors and notification to Social Services for chronic refusals of care.</li> </ol> |  |  |

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| F 280  | Continued From page 4<br>progress notes written to indicate that Social<br>Services was consulted related to this problem.<br><br>2/16/17 at 3:30 PM- During an interview with E8<br>(RN), she stated that she was aware that R2 was<br>consistently refusing showers and hairwash/hair<br>care. CNAs and staff were all aware of her<br>refusal but nothing was done. The Guardian was<br>not notified or approached for help with this issue.<br><br>The facility failed to ensure that R2's Behavior<br>Symptom care plan was revised to include her<br>consistent refusal to shower and have her hair<br>washed, and to develop effective alternative<br>approaches to this concern.  | F 280  | 4. DON/designee to audit care plans<br>that address chronic refusals of care to<br>assure specific behavior is documented<br>on the care plan and that Social Services<br>was notified and documented family<br>notification (if indicated), and<br>recommendations for alternative<br>approaches. Audit to be daily until 100%<br>compliance is achieved, then three times<br>per week for three weeks or until 100%<br>compliance is achieved, then weekly for 3<br>weeks or until 100% compliance<br>achieved. If audit in one month is 100%<br>compliant, the deficiency will be<br>considered resolved. |  |  |
| F 312<br>SS=E  | Findings were reviewed with E3 (DON) and E2<br>(Director of Clinical Services) on 2/17/17 at 3:30<br>PM.<br>483.24(a)(2) ADL CARE PROVIDED FOR<br>DEPENDENT RESIDENTS<br><br>(a)(2) A resident who is unable to carry out<br>activities of daily living receives the necessary<br>services to maintain good nutrition, grooming, and<br>personal and oral hygiene.<br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observation, record review and<br>interview, it was determined that the facility failed<br>to ensure that one (R2) out of 4 sampled<br>residents, who was unable to carry out activities<br>of daily living, received the necessary care and<br>services to maintain good grooming and personal<br>hygiene as related to hair wash/care and<br>showers. Findings include: | F 312  | F312<br>1. R2 continued to refuse her hair to be<br>washed during survey. Social Services<br>notified her legal guardian who came to<br>the facility to discuss this with R2. R2 still<br>refuses her hair to be washed. Facility will<br>continue to offer showers and hairwashing<br>and will include Social Services, guardian<br>MD, and/or Omsbudsman support as  |  | 5/15/17  |

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| F 312  | <p>Continued From page 5</p> <p>Review of R2's clinical record revealed:</p> <p>R2's annual MDS assessment, dated 4/28/16, and quarterly MDS assessment dated 1/27/17 stated, R2's cognitive skills for daily decision making were moderately impaired (decisions poor; cues/supervision required). R2 had a diagnoses of a Stroke, has right sided hemiplegia, depression and anxiety. R2 did not walk and was totally dependent on staff for all of her activities of daily living (bed mobility, transfers, dressing, toilet use, personal hygiene and bathing).</p> <p>Review of the CNA's ADL Flowsheet from June 2016 through October 2016 stated, Shower/Bed Bath twice weekly Monday/Thursday 3-11. Nail Care with shower/bed bath. CNAs signed off their initials on the ADL Flowsheet after care was given. There were 4 days of care that were identified as refused. It did not identify which care area was refused, shower or bedbath. The revised CNA ADL Care Report flowsheet from 11/2016 through 2/2017 documentation showed that partial bed bath and/or bedbath were provided. The documentation did not identify that showers were provided which may include hairwash and/or haircare.</p> <p>Review of the 12/16 and 1/17 facility's Resident's list of the Billing Journal for the Hairdresser's services (shampoo and set/haircut) failed to show that R2 had received hairdresser's services for shampoo and set/haircut services.</p> <p>1/16/17 - E5 (SW) progress note stated, "Resident's (family member) came into the facility and discussed with SS and Activities (staff) the items R2 has been requesting. Stated that</p> | F 312  | <p>appropriate.</p> <p>2. All residents have the potential to be affected by this deficient practice. Future residents will be protected by the corrective actions taken below in #3.</p> <p>3. Facility Resident Advocate/designee will track C.N.A. documentation on a rolling monthly basis (3 residents per day for prior month) on a tracking form to identify residents who have refused care 3 or more times. Long term residents with 3 or more care refusals will be referred to Social Services to try and determine the underlying cause, notify POA, MD and or Ombudsman if indicated and recommend alternative approaches as appropriate. Staff Educator/designee to educate nursing staff on care planning specific and exact refusal behaviors and notification to Social Services for chronic refusals of care.</p> <p>4. DON/designee to audit care refusal tracker to assure specific behavior is documented on the care plan and that Social Services was notified and documented family and Ombudsman notification (if indicated), and recommendations for alternative approaches. Audit to be daily until 100% compliance is achieved, then three times per week for three weeks or until 100% compliance is achieved, then weekly for 3 weeks or until 100% compliance achieved. If audit in one month is 100% compliant, the deficiency will be considered resolved.</p> |  |  |

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| F 312  | <p>Continued From page 6</p> <p>resident would like to purchase items such as body wash, lotion and wigs and would also like to receive hair services once a month. Activities will be confirming items with the resident and if she would like items to be bought. Social services will continue to follow."</p> <p>1/30/17 -R2's care plan entitled, "Self care deficit r/t deficits from cva, resident is total care, resident has right sided hemi (hemiplegia) and weakness" was reviewed and revised. The approaches to the care plan included "Resident has indicated in the past that she preferred to receive a bed bath or a sponge bath but at present time (5/3/16) type of bath received is not an important issue for resident." The care plan did not address that R2 was refusing shower or hair wash.</p> <p>2/2/17 - E5 (SW) progress note stated, "...Items requested (soap, lotion, shampoo) bought by activities staff. Staff will be attempting to get the resident to attend a hair appointment and will continue to check in with resident's request. Resident will be remaining in the facility long term. Social services will continue to follow".</p> <p>2/14/17 at 9:55 AM-During an interview with R2, it was observed that she was non-verbal and responded to the questions asked by spelling the word with a letter board to communicate. When asked if she knew her shower days, she responded by spelling NO, using the letter board.</p> <p>2/15/17 at 240 PM-During an interview with E7 (hairstylist), she stated that she was on vacation and didn't see the request form dated 1/17/17 from activities staff, until she returned. E7 stated that she saw R2 for the first time on 1/25/17 and R2 wanted to have her hair dyed</p> | F 312  |  |                            |  |

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| F 312  | <p>Continued From page 7</p> <p>(colored). E7 stated that she told R2 that she needed her hair washed before she could dye it. R2 refused to have her hair washed. She revisited R2 in her room on 2/1/17 and found that her hair was not combed, was dirty, and was matted with dirt on her head. On that visit, R2 agreed to have E 7 cut up the matted knot. E7 advised R2 that she needed a good hairwash (weekly hairwash about 8 washes, under running water) to get rid of the dirt before she could dye her hair. R2 refused the hairwash.</p> <p>2/16/17 at 3:30 PM-Interview with E8 (RN), she stated that she was aware that R2 refused to get her hair washed and showered. CNAs and staff were all aware of her refusal to shower, wash or comb her hair, but nothing was done. The Guardian was not notified or approached with this issue for help. Additionally, R2's refusal to shower and to wash her hair was not identified in her care plan nor in the ADL flowsheets.</p> <p>2/17/17 at 10:30 AM-Interview with E9 (CNA), she stated that the first and last time she was able to wash R2's hair and give a shower was in July/2016. E10 (CNA) and E11 (CNA) stated that R2 always refused shower and hair wash. R2 refused to have anyone touch her hair. According to E9, E10 and E11, the care tracker system of documentaiton for care provided would only allow the CNAs to record it as "activity did not occur" instead of refused. However, E9, E10 and E11 stated that they usually would alert the nurses in the unit that R2 refused shower and hair care and the nurses were supposed to document the refusal in R2's record. Review of R2's progress note from July 2016 through February 17/17 showed that R2's refusal for showers and/or hair care was only noted in the progress notes dated</p> | F 312  |  |                            |  |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3322 SILVERSIDE ROAD</b><br><b>WILMINGTON, DE 19810</b>                      |                            |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| F 312  | Continued From page 8<br>2/2/17 and 2/16/17. There were no other<br>documentations found in R2's clinical record that<br>she had been refusing shower and/or/hairwash.<br><br>Review of R2's care plan failed to show the<br>behavioral symptoms specific to refusal of<br>showers and hair care/hairwash. Although, the<br>facility was aware that R2 refused to be showered<br>or have hair washed, the facility failed to<br>communicate the problem, failed to address R2's<br>refusal of shower and hairwash, and her dirty<br>matted hair in the care plan.<br><br>The facility failed to ensure that R2, who was<br>unable to carry out activities of daily living<br>received the necessary services to maintain good<br>grooming such as hairwash/haircare and/or<br>showers. On 2/15/17, findings were reviewed with<br>E2 (Director of Clinical Services). E2 confirmed<br>that he was not aware of the problem.<br><br>Findings were reviewed with E3 (DON) and E2 on<br>2/17/17 at 3:30 PM. | F 312  |  |                            |  |
| F 514<br>SS=E  | 483.70(i)(1)(5) RES<br>RECORDS-COMPLETE/ACCURATE/ACCESSIB<br>LE<br><br>(i) Medical records.<br>(1) In accordance with accepted professional<br>standards and practices, the facility must<br>maintain medical records on each resident that<br>are-<br><br>(i) Complete;<br><br>(ii) Accurately documented;<br><br>(iii) Readily accessible; and   | F 514  |  | 5/15/17                    |  |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2017  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |   |                            |  |
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| F 514  | <p>Continued From page 9</p> <p>(iv) Systematically organized</p> <p>(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the facility failed to ensure that for one (R2), out of 4 sampled residents, the medical records were maintained in accordance with accepted professional standards and practices that are complete, accurately documented and contained sufficient information to identify the resident's refusal of care, related to showers and hair wash and/or hair care. Findings include:</p> <p>Review of R'2s clinical record revealed:</p> <p>Review of the CNA's ADL Flowsheet from June 2016 through October 2016 stated, Shower/Bed Bath twice weekly Monday/Thursday 3-11 PM</p> | F 514  | <p>1. R2 continued to refuse her hair to be washed during survey. Social Services notified her legal guardian who came to the facility to discuss this with R2. R2 still refuses her hair to be washed. Facility will continue to offer showers and hairwashing and will include Social Services, guardian, MD, and/or Omsbudsman support as appropriate.</p> <p>2. All residents have the potential to be affected by this deficient practice. Future residents will be protected by the corrective actions taken below in #3.</p> <p>3. Facility Resident Advocate/designee will track C.N.A. documentation on a rolling monthly basis (3 residents per day</p> |                            |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CADIA REHABILITATION SILVERSIDE</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3322 SILVERSIDE ROAD</b><br><b>WILMINGTON, DE 19810</b>   |                            |  |
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| F 514  | <p>Continued From page 10</p> <p>shift. Nail Care with shower/bed bath. The ADL Flowsheet showed CNAs initials but did not show whether it was shower and/or bath that was provided. Occasionally, documentations of a BB (bedbath) were identified as the care provided. However, there were no documentation that the shower was provided. Between June/2016 and October 2016, there were 4 refused care documented but did not specify what care was refused, shower or bed bath. The revised CNA ADL Care Report flowsheet from 11/16 through 2/17 documentation showed that only partial bed bath and/or bedbath were provided. The documentation did not identify that showers were offered and refused which may include hairwash and/or haircare.</p> <p>2/17/17 at 10:30 AM - In an interview with E9 (CNA), E10 (CNA) and E11 (CNA), the care tracker system of documentaiton for CNA care provided would only allow the CNAs to record it as "activity did not occur" instead of refused. According to E9, E10 and E11, they were to alert the nurses on the unit whenever R2 refused shower and hair care and the nurses were to document the refusal in R2's record. From July 2016 through February 2/16/17 (9 months), 2 refusals for showers and/or hairwash were documented on 2/2/17 and 2/16/17.</p> <p>Findings were reviewed with E3 (DON) and E2 (Director of Clinical Services) on 2/17/17 at 3:30 PM</p> | F 514  | <p>for prior month)on a tracking form to identify residents who have refused care 3 or more times. Corporate Informatics Nurse to modify electronic C N A documentation record to allow documentation of refusals to hygiene and to include hair, specifically. Staff Educator/designee to educate all C N As on the modification, proper way to document refusals of hygiene/care, and notification to the nurse of refusals.</p> <p>4. Resident Advocate (RA)/designee to audit C N A documentation on hygiene and hair care daily until 100% compliance is achieved. Then RA to audit three times per week for three weeks or until 100% compliance is achieved, followed by weekly for three weeks or until 100% compliance is achieved. If audit once again in one month is 100% compliant, then deficiency will be considered resolved.</p> |                            |  |



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Long Term Care  
Residents Protection

DHSS - DLTCRP  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 577-6661

**STATE SURVEY REPORT**

Page 1 of 2

**NAME OF FACILITY:** Cadla Rehabilitation Silverside **DATE SURVEY COMPLETED:** February 17, 2017

| SECTION                            | STATEMENT OF DEFICIENCIES<br>Specific Deficiencies   | ADMINISTRATOR'S PLAN FOR<br>CORRECTION<br>OF DEFICIENCIES   | COMPLETION<br>DATE |
|------------------------------------|--|---|--------------------|
| 3201<br><br>3201.1<br><br>3201.1.2 | <p><b>The State Report incorporates by references and also cites the findings specified in the Federal Report.</b></p> <p>An unannounced complaint survey was conducted at this facility from February 10, 2017 through February 17, 2017. The deficiencies contained in this report are based on observations, interviews, review of resident's clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 123.</p> <p><b>Regulations for skilled and intermediate care facilities</b></p> <p><b>Scope</b></p> <p><b>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</b></p> <p><b>This requirement is not met as evidenced by:</b> Cross Refer to the CMS 2567-L survey Completed February 17, 2017: F0280, F0312 and F0514.</p> <p><u>16 Del. C., 1162 Nursing Staffing:</u></p> | <p>Cross Refer to the CMS 2567-L survey Completed February 17, 2017, F0280, F0312, and F0514.</p> | <p>May 1, 2017</p> |

Provider's Signature

*Jane L. Dittmer* Title *NHA*

Date

*3.23.17*



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**STATE SURVEY REPORT**

Page 2 of 2

**NAME OF FACILITY:** Cadia Rehabilitation Silverside **DATE SURVEY COMPLETED:** February 17, 2017

| SECTION | STATEMENT OF DEFICIENCIES<br>Specific Deficiencies  | ADMINISTRATOR'S PLAN FOR<br>CORRECTION<br>OF DEFICIENCIES | COMPLETION<br>DATE |      |     |                     |                   |         |      |      |       |      |      |  |             |
|---------|---|---|--------------------|------|-----|---------------------|-------------------|---------|------|------|-------|------|------|--|-------------|
|         | <p>(c) By January 1, 2002, the minimum staffing level for nursing services direct caregivers shall not be less than the staffing level required to provide 3.28 hours of direct care per resident per day, subject to Commission recommendation and provided that funds have been appropriated for 3.28 hours of direct care per resident for Medicaid eligible reimbursement.</p> <p>Nursing staff must be distributed in order to meet the following minimum weekly shift ratios:</p> <table><tr><td></td><td>RN/LPN</td><td>CNA*</td></tr><tr><td>Day</td><td>1 nurse per 15 res.</td><td>1 aide per 8 res.</td></tr><tr><td>Evening</td><td>1:23</td><td>1:10</td></tr><tr><td>Night</td><td>1:40</td><td>1:20</td></tr></table> <p>* or RN, LPN, or NAIT serving as a CNA.</p> <p>(g) The time period for review and determining compliance with the staffing ratios under this chapter shall be one (1) week.</p> <p>Three full Weeks of facility staffing, covering the period of 26 January 2017 through 5 February 2017 inclusive, were reviewed to verify compliance with Delaware Nursing Home Staffing Laws, commonly known as Eagles' Law. The review consisted of data entered on the DLTCRP Staffing Worksheets by Cadia Rehabilitation Silverside (hereafter CRS) staff, and signed by the Administrator. The One (1) citation cited hereon result from that work.</p> <p><b>The law was not met as evidenced by:</b></p> <p>CRS failed to meet the required 3.28 Daily Care Hours per Resident on the following ONE (1) date. The daily care hours attained by CRS on the indicated date are parenthesized.</p> <p>Sunday, 29 January 2017 (3.14).</p> |   | RN/LPN             | CNA* | Day | 1 nurse per 15 res. | 1 aide per 8 res. | Evening | 1:23 | 1:10 | Night | 1:40 | 1:20 | <p>1. No resident was affected by deficient practice.</p> <p>2. All residents have the potential to be affected by deficient practice. Future residents will be protected by action plan outlined below in #3.</p> <p>3. Daily staffing will be reviewed by NHA/designee, both projected ppd for current day and actual ppd for previous day, to assure adequate staffing and compliance with Delaware Nursing Home Staffing Laws. On Fridays, projected staffing and ppd will be reviewed for the upcoming weekend, and on Mondays the actual ppd for Friday, Saturday and Sunday will be reviewed.</p> <p>4. Daily staffing will be reviewed by NHA/designee for three consecutive weeks or until 100% compliance is achieved. Then three times per week for three weeks or until 100% compliance. Then weekly for three weeks or until 100% compliance. If in one month, compliance is 100%, then deficient practice will be considered resolved.</p> | May 1, 2017 |
|         | RN/LPN  | CNA*  |                    |      |     |                     |                   |         |      |      |       |      |      |  |             |
| Day     | 1 nurse per 15 res.   | 1 aide per 8 res.   |                    |      |     |                     |                   |         |      |      |       |      |      |  |             |
| Evening | 1:23  | 1:10  |                    |      |     |                     |                   |         |      |      |       |      |      |  |             |
| Night   | 1:40  | 1:20  |                    |      |     |                     |                   |         |      |      |       |      |      |  |             |

Provider's Signature

*[Signature]* Title NHA

Date

3.23.17